INFORMATIONAL LETTER NO.1465

DATE: December 18, 2014

TO: Iowa Medicaid Audiologists, Birthing Centers, Certified Registered Nurse

Anesthetists, Chiropractors, Clinics, Community Mental Health Clinics, Family Planning Clinics, Federally Qualifying Health Centers, Hearing Aid Dealers, Independently Practicing Physical Therapists, Lead Investigation Agencies, Maternal Health Centers, Medical Equipment

and Supply Dealers, Nurse Midwives, Opticians, Optometrists, Orthopedic Shoe Dealers, Physicians, Rural Health Clinics and

Screening Center Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Reminder of Electronic Submission for Medicare Part B Crossover

Claims

EFFECTIVE: Immediately

This is a reminder to providers that on September 1, 2012, the IME started offering the option to submit direct, electronic Medicare Part B crossover claims. Please refer to <u>Informational Letter 1161</u>¹.

Providers are encouraged to submit Part B crossovers electronically to the IME when claims do not automatically crossover to Medicaid through the coordination of benefits (COB) process. Typically claims will not automatically crossover due to:

- Provider has enrolled differently with Medicaid than Medicare
- The member has a Medicare Advantage plan or.
- The claim needs to be resubmitted due to a previous Medicaid denial

Reasons to submit a Medicare Part B crossover claim electronically:

- Faster adjudication.
- Electronic claims are uploaded into the system on the same day or the following day in which they are received by the IME.
- Paper submissions can take up to five business days to be uploaded into the system after they have been received at the IME, not taking into account the additional time for mailing.
- The provider controls the accuracy and efficiency of the claim submitted.

In order to process the original Medicare Part B crossover claim or Medicare Advantage Part B crossover claim and collect the remaining Medicaid balance, the IME requires specific data

¹ http://dhs.iowa.gov/sites/default/files/1161_NewElectronicProcessforBillingPartBCrossoverClaims.pdf

in addition to the elements required within the Standard HIPAA X12 837 transaction. Please refer to the EDI Support Services Companion Guide² for submission instructions.

Providers may continue to use the IME paper Medicare Crossover Invoice (Professional)³ claim form found on the Claim Forms and Instructions DHS webpage. Please refer to Informational Letter 1032⁵ regarding the requirements for billing crossover claims on paper to the IME.

Important Reminders

- Only claims that have been paid by Medicare or the Medicare Advantage plan may be submitted electronically to the IME as a Part B crossover.
- Claims that have been denied by Medicare or the Medicare Advantage plan must be submitted to the IME on the CMS-1500 (Professional) claim form with the Explanation of Medicare Benefits (EOMB) attached.
- For original Medicare claims, please allow 30 days after Medicare pays a claim to submit the crossover claim either electronically or on paper to avoid potential duplication.
- Contractual adjustments or "write off" amounts should never be listed in the coinsurance, copay, or deductible fields.
- The paper EOMB, supporting the electronic crossover claim submitted, must be kept in the patient's file as it may be requested at a later time for review/auditing purposes by the IME.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

http://dhs.iowa.gov/ime/providers/claims-and-billing/claimspage http://dhs.iowa.gov/sites/default/files/CrossOver%20-%20Professional%20-%20Fillable%20Version.pdf

http://dhs.iowa.gov/ime/providers/claims-and-billing/claimspage

https://dhs.iowa.gov/sites/default/files/1032 Medicare Crossover Form Requirement.pdf